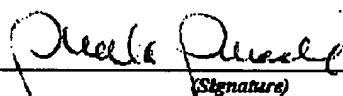
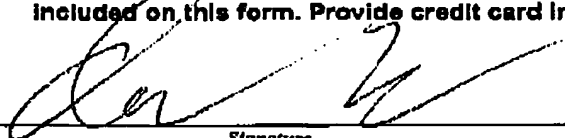


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 030514 (BIL-0143)	
Applicant(s): STEVEN TISCHER				
Application No. 10/777,358	Filing Date February 12, 2004	Examiner Allen, William J.	Group Art Unit 3625	
Invention: SYSTEMS, METHODS, AND A STORAGE MEDIUM FOR OBTAINING AN OFFER FOR A SALE OF A PRODUCT OR A SERVICE				
RECEIVED CENTRAL FAX CENTER OCT 02 2006				
I hereby certify that this <u>RCE Transmittal, Amend. Trans. Ltr., Resp to OA accompanying RCE & Fee</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) on <u>October 2, 2006</u> (Date)				
Sheila Smedick (Typed or Printed Name of Person Signing Certificate)				
 (Signature)				
Note: Each paper must have its own certificate of mailing.				

P18REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 030514 (BLL-0143)	
Applicant(s): STEVEN TISCHER						
Application No. 10/777,358	Filing Date February 12, 2004	Examiner Allen, William J.	Customer No. 36192	Group Art Unit 3625	Confirmation No. 5081	
Invention: SYSTEMS, METHODS, AND A STORAGE MEDIUM FOR OBTAINING AN OFFER FOR A SALE OF A PRODUCT OR A SERVICE				RECEIVED CENTRAL FAX CENTER OCT 02 2006		
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	12 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-11130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: October 2, 2006			
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone 860-286-2929 Facsimile 860-286-0115 Customer No. 36192			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
cc:						

P11LARGE/REV10